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Sin G. Whiteley.

to see for imprimation. The new hospital (Scheduled for completion in Jan. 1951) will fell a long. felt want, and together with the B.M.P. Co. hospital in Kusla Belsit will assist greatly in raising the general stansans of health. The number of doctors per hear of the population is still regretably low (1 to 13,000) but the introduction of 4 travelling dispensaries during 1949 will help to make medical services available to a larger preportion of the population than has hitherto been the case.

Dr. Austin to see, from coment M. Scott 23/2.

Gewintely

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I am impressed by the value of water work carred met by the small mederal stiff in difficult arounstance, and by the Valuable can to lution made by the B. 4. 16 as reflected in the leture in affender 1x,

Brune is to be congratulated in having a family complete system of segnt tration of boths and deaths, even though only a small profestion of the deaths we certified.

I have no comments for specific reference to the Colony. La auntin

4/3/50

Acknowledge with a word or two as marked. G.C.W.

6/3.

Si G. Whiteley. Draft for approval is opposite. 2 & Brunei Laving 22 - answ. (1) 15.MR 1950

Saving.

From the Secretary of State for the Colonies.

HIGH COMMISSIONER FOR BRUNEI.

To A Officeh Administering the Govennment of

Date / /5 March, 1950

No. 22 Saving.

Your saving No. 11 of the 8th February.

Annual Report of the Medical Department for 1949 for Brunei which was submitted with commendable speed has been read with great interest, and the value of curative work carried out by the small medical staff under difficult circumstances has been noted with satisfaction.

SECER.

	TELEG	Draft RAM/ * • The word Priority may be entered	* SAVINGRAM here, If necessary.	59 724/1
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Further action:

AS/KGH. REF: 14/397/48.

SAVING.

6 1



From the High Commissioner for Brunei.
To the Secretary of State for the Colonies,

Date 8 February, 1950.

No.Saving.



Your Circular despatch 31658/49 dated 21st September, 1949, on the subject of Medical Department Annual Reports.

2. One typescript copy of the Annual Report of the Medical Department for 1949 for Brunei is forwarded with this Saving.

7 8/2/50



BRUNEI GOVERNMENT

MEDICAL DEPARTMENT

ANNUAL REPORT,

1949



PART 2. CHAPTER 1. POPULATION.

RACE. The principal indigenous races of the State are Brunei Malays, Kedayans, Tutongs, Dusuns, Belaits, Muruts and Dayaks.

The Brunei Malays and Kedayans are found principally in the Brunei, Muara and Temburong districts and to a lesser degree in the Tutong district. The Tutongs live along the lower reaches of the Tutong River and the Dusuns inhabit the hinterland between the upper borders of the Tutong and Belait Rivers; these two races probably have a common ancestry. The Belaits are confined to the lower reaches of the Belait River. The Muruts were formerly numerous in the Temburong district, but largely owing to the smallpox and cholera epidemics in the latter part of the last century, and to their degenerate way of living at that time, their numbers have been greatly reduced and there are now only scattered communities in the Temburong district. The Dayaks are found in scattered settlements along the upper reaches of the Temburong, Pandaruan and Belait Rivers.

The Brunei Malays live near the sea and are principally fishermen; the other races practise agriculture of one sort or another. Until quite recently, the Dusums, Dayaks and Muruts practised shifting cultivation only, but it is hoped they will adopt settled methods of cultivation.

Of the alien races, the Chinese are by the far the most numerous. They are immigrants from the South China provinces and are occupied principally as traders or shop-keepers. Other alien races, in much smaller numbers, are Indians, mostly Tamil and Malayalis who work as shop-keepers and as labourers in the Oilfields, and a few Arab traders.

RELIGION. The religion of the Brunei Malays and Kedayans in:

Islam of the Shafi'i sect. The Tutongs and Belaits also
generally profess Islam. Of the other races, the Dusuns,

Dayaks and Muruts are all pagan animists.

LANGUAGE

LANGUAGE. The languages spoken in the State are as diverse as the races which compose its population. The Bruneis and Kedayans speak Malay, and in general, each race has its own language, though colloquial Malay serves as a lingua franca both for indigenous and alien peoples.

Of the foreign languages spoken in the State, Chinese is the most common, the principal dialects being Kheh, Hokkien and Cantonese. The Indian population speaks mostly Tamil and Malayalam.

- TOTAL POPULATION. A census of the population of the State was made in November 1947 and the final corrected figure shows that at that time the population was 40,657. The density of the population works out at 18.2 per square mile.
- BIRTHS. The total number of births registered during the year was 2,073 representing a birth rate of 50.55 per mille. Of the births recorded 1,037 were male and 1,036 female giving an almost equal birth sex ratio.
- DEATHS. The number of deaths registered was 766 representing a crude death rate of 18.68 per mille. Registration of births and deaths is now fairly complete and these figures are reasonably accurate, but it must be remembered that the vast majority of deaths, although registered, are not certified.
- INFANT MORTALITY. The infant mortality rate for the year was 128.3 which represents a fall of 11 on the 1948 figures.
- INDIGRATION. There was no original migration during the year, but as always, there was a constant ebb and flow of population between the State and the neighbouring territories of Sarawak and British North Borneo.

Nationality	Arrivals	Departures
British. Americian. Yugoslavian. French. Italian. Russian. Dutch. Eurasian. Malay.	500 15 1 1 1 2 53 57 1.846	451 11 - 2 - 2 55 71 1,790
Chinese. Filipino. Arab. Indian. Javanese. Dayaks. Dusun. Geylonese.	6,399 10 38 675 10 1,267 127	6,882 14 63 501 18 1,144 117
	11,002	11,125

There was thus an excess of 123 departures over arrivals.

Aliens, which term connotes persons other than subjects of His Highness the Sultan, British Subjects, and British Protected Persons, including Citizens of the Republic of Ireland; are required to register on arrival, and to notify moves from one district to another within the State, and to register departure. They may be, and in the case of the labouring classes generally are, required to furnish a guarantor for their repatriation expenses to the country from which they have arrived, should that become necessary.

Little restriction is placed on the free movement of Indigenous persons, but all persons entering the State are required to produce a Passport.

ADMINISTRATION. The Medical and Health administration of the State is in the hands of the State Medical Officer. This Officer is seconded from the Sarawak Medical Department; as is the Mursing Sister.

The British Malayan Petroleum Company at Kuala Belait employs two Medical Officers, one of whom receives a retaining fee from the Government and attends to Government patients in the Kuala Belait/Seria area. A close liaison is maintained between the State Medical Officer and the Chief Medical Officer of the Company.

DEVELOPMENTS DURING THE YEAR 1949.

New State Hospital. The new State Hospital, which it is expected will take some 18 months to complete, was begun on August 1st. Work on this hospital is progressing well and there is every reason to believe that it will be completed within the allotted time. Equipment and supplies for this hospital are already arriving and there should, therefore, be little delay between completion of the buildings and their full equipment.

Travelling Dispensaries. During the year four travelling dispensaries have been put into operation. One is in the form of an ambulance which travels the available road between Brunei and Tutong in one direction, and Brunei and Muara in the other. This vehicle is also available at any time for use as an ambulance. Three river travelling dispensaries are based on the static dispensaries at Kuala Belait, Tutong and Temburong. These consist of 35 feet prahus and are powered by outboard engines. With the establishment of these travelling dispensaries, medical services have been correspondingly increased and became available to a larger section of the population than hitherto.

This year, once again, there would appear to be an increased demand for hospital treatment and accommodation, the number of in-patients treated this year being 1,257 compared with.....

compared with 955 in 1948, although conditions in the present temporary building are far from satisfactory. The average length of stay in hospital is eleven days.

There have been no serious epidemics during the year. Endemic malaria has been treated in selected areas by means of Paludrine and Gammexane with satisfactory results. Towards the end of the year, there was a small outbreak of poliomyelities which it is presumed has spread from Sarawak and British North Borneo, both of which territories were affected before Brunei.

The number of Doctors per head of population is one to 13,000. The corresponding figure for the United Kingdom is one to 1,100.

DISPENSARIES AND HOSPITALS. The present hospital is an ald converted Malay house and most unsuitable for anything other than the simplest forms of treatment. However, the new hospital will have provision for a maternity ward and antenatal clinics, a female ward, a male ward 2nd. class, a male ward 3rd. class, a kitchen and laundry, a block for leper and mental patients awaiting transfer to larger institutions and an administrative block containing X'ray department, dental clinic, out-patients department and an operating theatre.

The total number of beds will be 100.

The British Malayan Petroleum Company maintains a hospital in Kuala Belait which serves the employees of the Oil Company and is also available to Government-sponsored patients. This hospital consists of 100 beds and has facilities for radiology, surgery and physiotherapy, in addition to the usual hospital facilities.

The Government maintains Dispensaries at Tutong, Kuala Belait and Temburong. That at Muara has been closed during the year in view of the establishment of a road travelling dispensary, and the small number of persons treated previously in Muara. The dispensary at Tutong is to be rebuilt during 1950 as the structure of the building was damaged during the war.

The dispensary at.....

The dispensary at Kuala Belait is also to be rebuilt during 1950 as the present accommodation is entirely inadequate.

The Temburong dispensary is a satisfactory building and requires no immediate alteration.

Brunei provides medical services and expendable stores, on repayment, to the Sarawak Government dispensaries at Limbans, Lawas and Sundar.

CHILD WELFARE AND MATERNITY. In Brunei, two infant welfare, maternity and ante-natal clinics are operated by Staff Nurses with the help of trained midwives. These clinics are very popular with both mothers and children and so far as Brunei Town is concerned, the primitive native midwife is almost extinct. Considerable emphasis is laid on domiciliary midwifery and few patients are delivered in hospital; these few are mainly suffering from some abnormality or difficulty in birth.

It is hoped that these clinics will receive considerable encouragement and impetus from the proposed U.N.I.C.E.F. scheme for Brunei in 1950. The proposal is that two Health Sisters will work in Brunei for 18 months, training local staff and supervising and expanding their work in health visiting, ante-natal clinics and child welfare.

During 1949 the infantile mortality rate was 128.3 which shows a fall of 11 on the figures for 1948.

SANITATION AND REFUSE DISPOSAL. In the Sanitary Board areas nightsoil is collected in buckets and dumped into a convenient tidal river. In the Kuala Belait/Seria areas, a considerable number of houses have their own water-borne sanitation. A new large septic tank has been installed in Kuala Belait for the disposal of bucket nightsoil; to serve 3,500 persons.

Refuse in the three main centres is collected and disposed of by labourers under the supervision of the Sanitary Boards.

In most instances.....

In most instances, disposal is by incineration. In the kampongs and particularly the River Kampong in Brunei, there is no proper sanitation or refuse disposal, but since the majority of houses are built over a tidal river whose salt content is such as to render the water quite unsuitable for drinking, a certain amount of automatic self-cleansing results.

Kuala Belait. At present all refuse collected is being used in reclamation work. Later it is intended to revert to incineration using oil gas.

Seria. A gas-fired incinerator was installed early this year but some of the refuse has been used in reclaimation work. It is proposed to use a lorry for nightsoil and to install a septic tank for treatment as in Kuala Belait.

In both these towns progress is somewhat delayed by difficulties in co-ordination with the British Malayan Petroleum Company and by lack of a completed town plan.

<u>Brunei Town</u>. Conservancy is by means of latrine buckets in the town area with daily emptying. Street and domestic refuse is incinerated.

FOOD ANIMALS. All animals slaughtered for food in Brunei and Kuala Belait are inspected before and after death by Sanitary Inspectors under the supervision of the Sanitary Board.

The total numbers of animals slaughtered under the supervision of Sanitary Boards were :-

	Kuala Belait	Brunei
Cattle.	. 406	446
Pigs.	1,921	492

A substantial proportion of these animals was imported from British North Borneo into the Kuala Belait/Seria market.

ANTI-MALARIAL MEASURES. The vector of malaria in Brunei is unknown. But the Borneo Malaria Research Team at present stationed in Labuan will shortly visit Brunei to investigate this problem. It is considered likely that the two main vectors will be found to be Anopheles Sundaicus and A. leucosphyrus.

At present, therefore, work is directed indiscriminately against all Anopheline larvae by means of oiling. This is undertaken by the Government Health Department in Brunei, and during this year, for the first time since the war in the Government areas in Kuala Belait and Seria. The British Malayan Petroleum Company now undertake anti-malarial work only within their lease areas. During the year prophylaxis by drugs has been continued among the police and customs employees and has been enlarged to include the Agricultural Department. Towards the end of the year, Gammexane spraying was employed on a large scale in the shop-house area of Brunei Town with satisfactory results. Effective anti-malarial measures in the small, scattered communities of the State presents a formidable problem. In most rural areas, malaria is endemic with spleen rates of 80% and more, and it is the population living in these areas which is of great importance in food-production throughout the State.

PREVAILING DISEASES. This year a new system of recording diseases has been introduced. It is that recommended in the World Health Organization International Statistical Classification of Diseases and Deaths. The abbreviated list of 150 causes of disease is used.

Malaria. Malaria is endemic throughout the State and responsible for a great deal of chronic ill-health and anaemia. Blackwater fever is almost unknown.

Helminths. Almost every patient coming to hospital or dispensaries for treatment suffers from either Ascariasis or Ankylostomiasis or both. Re-infestation after treatment is probably only a matter of time.

Malnutrition. Following on the ill-health resulting from malaria and worm infestation, evidence of malnutrition can be found in almost all sections of the community. The gross malnutrition resulting from starvation during the a war period is not now seen.

At present, therefore, outs is directed instantainately against all anophaline larves by seems of ciling. This is underfainn by the povernment multiple repairment in brunel, and during tale year, for one live time above the mor in the contract of the con

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It is probable that the most serious single vitamin deficiency results from lack of vitamin A, which is insufficient in the average diet.

Pulmonary Tuberculosis. The human form of pulmonary tuberculosis is regrettably common throughout the State. Although cattle are kept, it is very unusual for any use to be made of their milk and, as a result, bovine tuberculosis is almost never encountered. It is considered that pulmonary tuberculosis represents a socio-economic question rather than a purely medical one.

The foregoing diseases, i.e. malaria, worm infeststion and malnutrition, all combine to produce a state of lowered resistance, and this combined with overcrowding, lack of hygiene and the habit of spitting, strongly predisposes to tuberculous infection.

It is clear that to treat individual cases of tuberculosis will only scratch the surface of the problem. Prevention rather than cure is what is required, and education in health and hygiene above all.

Venereal Diseases. It is extremely difficult to assess the prevalence of venereal diseases, but it is not thought to constitute a very serious problem. The population as a whole is not aware of the dangers of these diseases. Where routine examinations are made, as for example, in the anta-natal clinics, the percentage of infected expectant mothers is not high (5%). The introduction of penicillin has gone a long way to help in eradication of these infections.

Dysentery. Both amoebic and Bacillary Dysentery are endemic in Brunei, though during 1949 there has been no epidemic.

Poliomyelitis. Poliomyelitis has, up till now, been thought not to exist in Brunei, although there is no doubt that sporadic of cases have occurred. Towards the end/this year a few cases were discovered, but did not reach epidemic proportions.

Eye Diseases. Acute and chronic infections of the eyes are common, particularly in children, and this often leads to blindness when neglected.

Energetic measures.....

Energetic measures though the travelling dispensaries, inspection of school-children and the proposed U.N.I.C.E.F. Health visiting is hoped to reduce materially the incidence of these diseases.

Mental Diseases and Leprosy. A few cases of Lunacy and Leprosy occur each year within the State, but they are now sent to Kuching, Sarawak, for treatment where greater facilities exist; and where a central institution for the treatment of these diseases is proposed; to serve the British North Borneo territories.

HOUSING. Urban Areas.

Brunei Town. There are 88 shophouses in Brunei Town all of which are temporary structures replacing permanent shops destroyed by bombing. These will be pulled down when the new shophouses are erected. Matters relating to sanitation in the town are strictly guarded by the Sanitary Board and any structural alterations to be made to the buildings are submitted for approval to the Board. Periodic inspections of shophouses are carried out by the Sanitary Inspector and strict control over sanitation is maintained. Only permanent or semi-permanent structures are allowed to be built within the Sanitary Board Area.

Kuala Belait/Seria. The average number of persons per house in these Sanitary Board Areas is 12. This figure is somewhat high considering the type of house. There were five buildings put up this year as compared with 29 in 1948. The influx of population within recent years and the building regulations imposed by the Sanitary Board are perhaps the factors affecting the density.

The British Malayan Petroleum Company has its own housing scheme. Much has been done by them in this direction and more progress is expected in the coming year. The new Kuala Belait town plan covering the bazaar area has received approval in principale and works on a main street and reclamation are in progress.

A skeleton plan for a new township in Seria has been prepared and approved. An area of about 80 acres of jungle has to be felled, cleared and levelled and perimeter roads constructed before it will be possible to make an effective clearance of the confused huddle of temporary houses and shops that occupy the northern portion of the township. Work on the jungle clearing and construction of perimeter roads are now being carried out by the British Malayan Petroleum Company.

Rural Areas. Outside the Sanitary Board Areas, housing is not subject to Government control but some bylaws relating to housing and sanitation have been applied in certain areas. The usual native house is raised on poles about 5 feet from the ground. The more pretentious may have walls and floor of plank and be roofed with belian shingles. More commonly, however, the walls are of waterproof matting made from leaves of the nipah palm. The floors are of separated slats, split bamboo or nibong and the roofs of attap (palm thatch). They generally consist of an open-front verandah with two or more rooms and a seperate kitchen joined to the main building by a raised platform. This type of building is cool, dry and effectively ventilated and apart from some over-crowding, the conditions under which this class of the population lives are reasonably satisfactory. Sanitation, however, where it exists at all is generally of the most primitive type.

Dayaks, pusums and muruts generally live in communal long houses. These are long buildings on high piles between 6 to 10 feet from the ground with numerous doors to which the inhabitants gain access by ascending a ladder made of a tree trunk with steps cut into it. The buildings vary in length according to the number of inmates which may be as many as 200, and consist of a long covered verandah where the bachelors live and a line of rooms occupied by the married members of the community and their families. The senitation of these houses is even more primitive than of those mentioned above, as pigs, goats and chickens live on the ground under the houses.

Housing of Government employees. In Brunei Town many Government servants who are natives of the State own their own house. In the outstations and in the case of nondomiciled individuals, quarters are graded in classes and conform to approved standard plans. They are well-built buildings each with a minimum accommodation of two rooms, a kitchen and adequate sanitary appointments. Police and certain other employees are housed in barracks.

The total number of new Government quarters erected in 1949 was 14

Housing on Estates and Mines. Statutory requirements are prescribed by the Labour Code, which is now undergoing revision, for the housing of labourers on Estates and Mines. The type of married accommodation favoured on estates is a semi-detached house with a small garden attached. Where barrack type family accommodation is provided, the units consists of two rooms and a kitchen. Estate labour is largely indigenous and on certain estates most labourers are non-resident and live in their own houses often situated a considerable distance away from their employment.

APPENDIX - 1

MEDICAL STAFF - 1949

Medical Officer	one. Swawals.
Mursing Sister	one. Sarawale.
Pathological Assistant	One.
Trained Dressers	Fourteen.
Probationer Dressers	Five.
Clerk Grade A. and B	Two.
Peon	One.
Senior Staff Nurse	Two.
Staff Nurse	One.
Trained Nurse	Two.
Probationer Nurses	Three.
Midwives	Seven.
Attendant Male	Nine.
Attendant Female	Four.
Cooks	Three.
Assistant Registrar Births & Daths	Two.

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APPENDIX - II

MEDICAL REVENUE AND EXPENDITURE - 1949

Total Revenue	. 10,038.90
Total Expenditure	. 225,940.27
EXPENDITURE - 1949	
A Personal Emoluments	. 68,934.70
Hospital Piets. Laundry. Payment of Medical Services, Belait Medicines and Instruments. Health Work, Kuala Belait. Health Work, Brunei. Contingencies. Electric, Power and Lighting. Linen, Clothing and Uniforms. Meintenance of Lumatic and Leper Conveyance Allowance.	4,425.25 14,990.32 3,475.00 8,972.51 52,756.88 9,216.14 9,798.77 391.08 1,392.17 2,140.85 1,355.90 2,520.00
Ambulance. Microscope. Rquipment for Hursing Sister.	34,855.25 7,581.38 1,717.00 464.89 285.36

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List No.	T .	Detailed '	inpationts.	Covernment Out-patients clinics and Dispensaries.	f Total.
A 1.	Tuberculosis of respiratory system.	001-008	45	231	276
A 2.	Tuberculosis of maninges & central nervous system.	010	7.7	<u>_</u>	
A 3.	Tuberculosis of intestines, peritoneum & mesentric glands	011	3.2	2	2
A 4.	Tuberculosis of bones and joints.	012,013	1	6	7
A 5.	Tuberculosis, all other forms.	014-019	1	_	1
A 6.	Congenital syphilis.	020	-	2	2
A 7.	Early syphilis.	021	_	9	9
A 8.	Tabes dorsalis.	024	_	_	_
A 9.	General paralysis of insane.	025	_	_	
A 10.	All other syphilis.	022,025) 026-029)	2	69	71
All.	Gonococcal infection.	030-035	11	43	54
A 12.	Typhoid fever.	040	5	4	9
A 13.	Paratyphoid fever & other Salmonella infections.	041,042	1		1
A 14.	Cholers.	043	_	_	E Zara
A 15.	Brucellosis (undulant fever).	044	3 _	5	5
A 16.	Dysentery, all forms.	045-048	33	212	245
A 17.	Scarlet fever.	050	-	-	

Three Mo		' Detailed	t Wanni ba?	1 000	
		' List No.	' inpatients.	' Clinics and	Total.
A 18.	Streptococcal sore throat.	051		80	
A 19.	Erysipelas.	052	1		80
A 200	Septicaemia and pyaemia.	053	_	-	1
A 21.	Diphtheria.	055			-
A 22.	Whooping cough.	056		10	10
A 23.	Meningococcal infections.	057	2	1	3
A 24.	Plague.	058	_	_	_
A 25.	Leprosy.	060	2	2	4
A 26.	Tetanus.	061	1	_	1.
A 27.	Anthrax.	062	_		
A 28.	Acute poliomyelitis.	080	6	3	9
A 29.	Acute infectious encephalitis.	082	_		
A 30.	Late effects of acute poliomyelitis & acute infectious encephalitis.	081,083	1		
A 31.	Smallpox.	084	_	-	1
A 32.	Measles.	085		-	
A 33.	Yellow fever.	091		22	22
A 34.	Infectious hepatitis.	092	1	-	
A 35.	Rabies.	092		-	1
		094	-	-	2

100 110.	t t	' Detailed ' List No.	' Hospital ' inpatients	Out-patients Clinics and Dispensaries	Total.	
A 36.	Typhus and other rickettsial diseases.	100-108	6	2	8	
A 37.	Malaria.	110-117	150	4,953	5,103	
38.	Schistosomiasis.	123	-	_	_	
39.	Hydatid disease.	125	_	_	-	
A 40.	Filariasis.	127	2	3	5	
A 41.	Ankylostomiasis.	129	112	205	317	
A 42.	Other diseases due to helminths.	124,126) 128,130)	101	1,169	1,270	
A 43.	All other diseases classified as infective & parasitic.	036-039) 049) 054,059) 063-074) 086-090) 093) 095,096) 120-122) 131-138)	9	212	221	
A 44.	Malignant neoplasm of buccal cavity & pharynx.	140-148	4	21	25	
A 45.	Malignant neoplasm of oesophagus.	150		_	-	
A 46.	Malignant neoplasm of stomach.	151	1	_	1	
A 47.	Malignant neoplasm of intestine, except rectum.	152,153	-	£	1	
48.	Malignant neoplasm of rectum.	154	-	3	3	
A 49.	Malignant neoplasm of larynx.	161				

		i Tyes No. i				
List No.		Detailed !]	inpatients	Out-patients Clinics and Dispensaries	Total.	
A 50.	Malignant neoplasm of trachea, & of bronchus & lung not specified as secondary.	162,163	-	<u>-</u>		
A 51.	Malignant neoplasm of breast.	170	1	1	2	
A 52.	Malignant neoplasm of cervix uteri.	171	-	-	-	
A 53.	Malignant neoplasm of other & unspecified parts of uterus	s 172-174	-	24	24	
A 54.	Malignant neoplasm of prostate.	177	-	-	-	
A 55.	Malignant neoplasm of skin.	190,191	-	-	-	
A 56.	Malignant neoplasm of bone & connective tissue.	196,197	1	-	1	
A 57.	Malignant neoplasm of all other & unspecified sites.	155-160) 164,165) 175,176) 178-181) 192-195) 198,199)	5	8	13	
A 58.	Leukaemia and aleukaemia.	204	-	-	-	
A 59.	Lymphosarcoma & other neoplasms of lymphatic and haematopoietic system.	200 -203) 205)	1	0 -	1	
A 60.	Benign neoplasms & neoplasms of unspecified nature.	210-239	8	1	9	
A 61.	Nontoxic goiter.	250,251	1	5	6	
A 62.	Thyrotoxicosis with or without goiter.	252	1	5	6	
A 63.	Diabetes mellitus.	260	2	2	4	
A 64.	Avitaminosis and other deficiency states.	280-286	15	1,261	1,276	25

		Tree Ho.			
List No.	Cause Group.	Petailed !	inpatients	Out-patients Clinics and Dispensaries	Total.
A 65.	Anaemias.	290-293	4	2,301	2,305
A 66.	Allergic disorders; all other endocine, metabolic and blood diseases.	240-245) 253,254) 270-277) 287-289) 294-299)	11	247	258
A 67.	Psychoses.	300-309	11	-	11
A 68.	Psychoneuroses & disorders of personality.	310 - 324) 326)	9	-	9
A 69.	Mental deficiency.	325	_	23	23
A 70.	vascular lesions affecting central nervous system.	330-334	1	288	289
A 71.	Nonmeningococcal meningitis.	340	-	_	_
A 72.	Multiple sclerosis.	345		_	_
A 73.	Epilepsy.	353	1	5	6
A 74.	Inflammatory diseases of eye.	370-379	22	958	980
A 75.	Cataract.	385	1	19	20
A 76.	Glaucoma.	3872	7,-	168	168
A 77.	Otitis media and mastoiditis.	391-393	4	207	211

A 75.						
A 74.	Inflammatory diseases of eye.	570-579				
A 73.	Ebyrebal.					
A 72.	Bulliple seleresis.					
-A 71.	Foureninger cocal meningitis.					
A 70.	Yecoular lectons affecting control nervous ayates.					
A 69.	Hentel deficiency.					
A 68.	Payencarence & disorders of personality.					
V ol.						
A de.		240-245) 253,254) 270-277) 287-289) 294-299)				
A 05.						
hist ho.	Y .	' netailed ' List No.	fospital Inpatients	Out-patients : Clinics and ' Dispensaries :	Total	
A 78.	All otherdiseases of the nervous system & sense organs.	541-544) 350-352) 354-369) 380-384) 386) 388-390) 394-393)	4	506	510	
A 79.	Rheusatic fever.	400-402	-	24	24	
A 80.	Chronic rheumatic heart disease.	410-416	3	1	4	
A 81.	Arterioseleratio & degenerative heart disease.	420-422	3		3	
A 82.	Other diseases of heart.	430-434	-	3	3	
A 85.	Hypertension with heart disease.	440-443	-	-	-	
A 64.	Hypertension without mention of heart.	444-447	1	-	1	
A 85.	Diseases of arteries.	450-456	-	1	1	
A 87.	Other diseases of circulatory system.	460-468	1	46	47	
A 88.	Acute upper respiratory infections.	470-475	42	1,197	1,239	
A 89.	Influenza.	480-483	-	1,156	1,13-	
	Lobar pneumonia.	490	5	38	43	
A 90.	Bronchopneumonia.	491	9	14	23	
A 91.	Primary atypical, other & unspecified pneumonia.	492,493	-	. 63	63	
A 92.	Acute bronchitis.	500	31	36	67	27

Tiet Wo.	Cause Group.	' petailed '	inpatients	Cut-patients 'Clinics and 'Dispensaries '	Total.	
		the state of the control of the cont		CAN THE METERS OF THE SECTION OF THE	Mericani dan mara da da fastan d	- 1000
A 93.	Bronchitis, chronic and unqualified.	501,502	13	690	703	
A 94.	Hypertrophy of tonsils and adenoids.	510	4	193	197	
A 95.	Empyona and abscess of lung.	518,521	1	1 60	2	
A 96.	Pleurisy.	519	- 17	4	4	
А 97.	All other respiratory diseases.	511-517) 520) 522-527)	3	1,131	1,134	
A 98.	Diseases of teeth and supporting structures.	530-535	9	616	625	
A 99.	Ulcer of stomach.	540	1	16	17	
A100.	pleer of duodenum.	541	-	_	_	
Alol.	Gastritis and duodenitis	543	8	248	256	
A102.	Appendicitis.	550-553	3	1	4	
A103.	Intestinal obstruction and hernia.	560,561) 570)	7	6	13	
A104.	Gastro-enteritis & colitis, except diarrhoea of the Newborn.	571,572	5	298	303	
A105.	Cirrhosis of liver.	581	4	_	4	
A106.	Cholelithiasis and cholecystitis.	584,585	_	_	_	

List No.	Cause Group.	Detailed		Out-patients Clinics and	Total.	
	1			Dispensaries !		
A107.	Other diseases of digestive system.	536-539) 542,544) 545) 573-580) 582,583) 586,587)	12	1,127	1,139	
A108.	Acute nephritis.	590	-		_	
A109.	Chronic, other and unspecified nephritis.	591-594	4	20 .	24	
A110.	Infections of kidney.	600	1	22	23	
All1.	Calculi of urinary system.	602,604	3	1	4	
All2.	Hyperplasia of prostate.	610	2	_	2	
A113.	Diseases of Frast.	620,621	-	7	7	
Al14.	Other diseases of genito-urinary system.	601,603) 605-609) 611-617) 622-637)	12	52	64	
Al15.	Sepsis of pregnancy, childbirth & the puerperium.	640,641) 681,682) 684)	-	1	1	
A116.	Toxaemias of pregnancy & the puerperium.	642,652) 685,686)	7	26	33	
All7.	Haemorrhage of pregnancy and childbirth.	643,644) 670 - 672)	-	49	49	
All8.	Abortion without mention of sepsis or toxaemia.	650	6	20	26	29

hist no.						
	Cause Group.	List No.	inpatients i	Out-patients : Clinics and : Dispensaries :	Total.	
All9.	Abortion with sepsis.	651	1	-	1	
A120.	Other complications of pregnancy, childbirth and the puerperium.	645-649) 673-680) 683) 687-689)	15	25	40	
A121.	Infections of skin and subcutaneous tissue.	690-698	146	8,623	8,769	
A122.	Arthritis and spondylitis.	720-725	4	400	404	
A123.	Muscular rheumatism and rheumatism, unspecified.	726,727	3	367	370	
A124.	Osteomyelitis and periostitis.	730	3	307		
A125.	Ankylosis & acquired musculoskeletal deformities.	737)) 745-749)	1	2	4	
A126.	All other diseases of skin & musculoskeletal system.	700-716) 731-736) 738-744)	15	780	795	
A127.	Spina bifida and meningocele.	751	_	3	3	
A128.	Congenital malformations of circulatory system.	754		-	-	
A129.	All other congenital malformations.	750,752) 753) 755-759)	2	3	5	
A130.	Birth injuries.	760,761		2.0		
A131.	Postnatal asphyxia and atelectasis.	762	2		2	
A132.	Infections of the newborn.	763-768	8	-	8	30

lat No.	Tours Gran				
	Cause Group.	' Detailed ' List No.	' inpatients '	Clinics and Dispensaries	Total.
A133.	Haemolytic disease of newborn.	770	_		
134.	All other defined diseases of early infancy.	769 771,772)	5	24	29
135.	Ill-defined diseases peculiar to early infancy, and immaturity unqualified.	773-776	5	_	5
136.	Senility without mention of psychosis.	794	1	1	2
137.	Ill-defined and unknown causes of morbidity and mortality.	780 - 793 795	12	779	791
	WER OFFICE AT LOCATION OF THE STATE OF THE S				
	"N" CODE CLASSIFICATION OF ACCIDENTS, POISONING	es, AND VIOLE	RCE (HATURE OF	INJURY)	
	Practure of skall.	18, AND VIOLEN	NCE (HATURE OF	INJURY)	2
139.	Fracture of skall. Fracture of spine and trunk.				2
139. 140.	Practure of skall. Fracture of spine and trunk. Practure of limbs.	1800-1804	1	1	7
8139. 8140.	Fracture of skall. Fracture of spine and trunk. Fracture of limbs. Dislocation without fracture.	1800-1804 1805-1809	1	1	7 57
H138. H139. H140. H141.	Practure of skall. Fracture of spine and trunk. Practure of limbs. Dislocation without fracture. Sprains and strains of joints and adjacent auscles.	1800-1804 1805-1809 1810-1829	1 4 21	1 3 36	7 57 5
N139. N141. N142. N143.	Fracture of skall. Fracture of spine and trunk. Fracture of limbs. Dislocation without fracture. Sprains and strains of joints and adjacent auscles. Head injury (excluding fracture).	N800-N804 N805-N809 N810-N829 N830-N839	1 4 21 2	1 3 36 3	7 57 5 1,322
N140. N141. N142. N143.	Practure of skall. Fracture of spine and trunk. Practure of limbs. Dislocation without fracture. Sprains and strains of joints and adjacent auscles. Head injury (excluding fracture). Internal injury of chest, abdomen, and pelvis.	1800-1804 1805-1809 1810-1829 1830-1839 1840-1848	1 4 21 2 11	1 3 36 3	7 57 5 1,322
8140. 8141. 8142.	Fracture of skall. Fracture of spine and trunk. Fracture of limbs. Dislocation without fracture. Sprains and strains of joints and adjacent auscles. Head injury (excluding fracture).	#800-#804 #805-#809 #810-#829 #830-#839 #840-#848	1 4 21 2 11 6	1 3 36 3 1,311	7 57 5 1,322

List No.				Out-patients '	Total.	
	1	List No. 1		Clinics and '		
				Dispensaries '		
AN147.	Effects of foreign body entering through orifice.	N930-N936	9 - 6	88	88	
AN148.	Burns.	N940-N949	8	71	79	
AN149.	Effects of poisons.	N960-N979	15	29	44	
AN150.	All other and unspecified effects of external causes.	N950-N959) N980-N999)	18	35	53	
	SUPPLEMENTARY CLASSIFICATIONS FOR SPEC	IAL ADMISSIONS	, LIVEBIRTHS	, and STILLBIRTHS	S.	
Y00.	Medical or special examination.	-	48	3,019	3,067	
Y01.	Skin immunity and sensitization tests.	-	-	-	_	
Y02.	Persons receiving prophylastic inoculation & vaccination.	_	_	873	873	
Y03.	Follow-up examination for tuberculosis, not needing further medical care.	_	_	_	-	
Y04.	Follow-up examination after operation, injury or disease other than tuberculosis.	_	-	-		
Y05.	Carrier or suspected carrier of infective organisms.	_	-	_	-	
Y06.	Prenatal care.	-	-	_	-	
Y07.	Postpartum observation.	_	-	_	_	
Y08.	Healthy person accompanying sick relative.	-	-	-	_	w
Y09.	Other person without complaint or sickness.	-	-	730	730	. 22
	•					

List No.	: Cause Group.	Detailed :	inpatients !	Cut-patients : Clinics and : Dispensaries :	Total.	
¥20.	Single, born without mention of immaturity.	54	24	878	902	
Y21.	Single, born immature.		1	22	23	
A55.	Twin, without mention of immaturity, mate liveborn.	_		. 7	7	
Y23.	Twin, without mention of immaturity, mate stillborn.	100	_	3	3	
Y24.	Twin, issature, with mate liveborn.	-	_	_		
Y25.	Twin, immature, with mate stillborn.		_	1	1	
Y26.	Multiple born, without mention of immaturity, mates all liveborn.	-	_			
Y27.	Multiple born, without mention of immuturity, one or more mates stillborn.	34	_			
Y28.	Rultiple born, issature, mates all liveborn.		_	1	7	
Y29.	multiple born, immature, one or more mates stillborn.	100	_		_	
Y30.	Chronic disease in mother.	-		2	2	
Y31.	Acute disease in mother.	-	_		_	
Y32.	Diseases and conditions of pregnancy and childbirth.	-	_	3	3	
Y33.	Absorption of toxic substance from mother.	ria .	_	1	1	
Y34.	Bifficulties in labour.	-		2	2	
Y35.	Other causes in mother.		37.	9	9	
Y36.	Placental and cord conditions.	**	-	1	1	83

List No.	. : Cause Group.		inpatients	' Out-patients ' Clinics and ' Dispensaries	1	
¥37.	Birth injury.	-	_	_	(()) -	
Y38.	congenital malformation of foetus.	-	_	2	2	
Y39.	Diseases of foetus, and ill-defined causes.		2	_	2	
Y40.	Vaccination against smallpox.	-	_	451	451	

APPENDIX - IV

BIRTH REGISTERED ACCORDING TO SEX AND NATIONALITY

Eu ro peans	Eurasians	Chinese	Malays	i Indians	Native Bornean reces other than Malays		Total	Total Both Male & Female.
		1	1	t		Male - 11	Homola-	2,073

APPENDIX - V

DEATHS GROUPED ACCORDING TO AGE, SEX & NATIONALITY

Deaths by Age Groups	. K	Eurasians.	Chinese.	Malays.	Indians.	Native Born- ean races other than Walays.	TOTAE.
O Weeks.	MF	-	15 14	78 62	1	45 47	141 125
1 Year.	M F	-	3 5	30 12	-	29 17	62 34
5 years.	M F	-	1	8 9	-	10 11	19 21
10 years.	M F	1 -	-	1 2	-	2 2	4 4
15 years.	M F	-	1	2 2	-	2 4	4 7
20 years.	M F	-	3	5 5	-	5 8	13 14
25 years.	F F	-	2	5 9	-	7 7	12 19
30 years.	M F	-	2	7	-	6	15 22
35 years.	M F	-	4 3	93	-	8 9	21 15
40 years.	M	-	7	5 3	-	6 I 2	19 6
45 years.	M F	-	5	2	-	2 5	9 6
50 years.	M F	-	4 -	7 4	-	10 11	21 15
55 years & Over.	M F	Ι	22	39 24	-	29 21	90 48
Total Deaths.	M F	1	66 32	198 146	1	161 3 155 2	430 336
Total.	MF.	1	98	344	2	316	766

Total Infant Mortality - 266 Rate Infant Mortality - 128.3

APPENDIX - VI

DEATHS REGISTERED AS REGARDS CERTIFICATIONS

certified	by	Medical	Prac	titioner	s		117
certified	by	Register	ring	Officers	after	death.	198
Uncertifie	d.						451
					Tota	11:-	766

APPENDIX - VII

OPERATION THEATRE RETURNS - 1949

Suture of wound.	••	••		187
Lumbar puncture.				11
Fracture all forms.				26
Incision.				154
Aspiration.				22
Dislocation.				9
Removal of Cyst.				37
Removal of Pterygiu	m			4
Retained Placenta.				4
Caesarean Section.				2
Strangulated Hernia				5
Dental extraction.				235
Removal of Growth.		1.		5
Removal of Foreign	body.			23
Tapping.	••	• •	••	21
Circumcisions.				35
Dilatation of the C	ervix	& Uterine	Curettage.	9
Skin Grafting.				4
Removal of pile.				4
Induction of Labour				9
Removal of finger n	ail.			2
Removal of Appendix		••	••	2
Nasal polypus.	••			2
Urethral Calculus.		••		1
		Total:		813

· APPENBIX - VIII

LABORATORY RETURNS - 1949

BLOOD FII	SW			
(a)	Benign tertian	*****	•••	
(b)	Sub-tertain	*****	•••	. 64
(0)	Quartan	*****	***	. 19
(d)	Filaria bancrofti		***	
(f)	Sub-tertian and Filaria Quartan and Filaria ban	bancroiti.	• • •	: 1
(g)	Double infection		•••	
(h)	Negative		• • • •	0 100
(11)	Weder of Ac.		•••	2,400
		Tota	1:	2,598
BLOOD COL	INT			
/->	************			0 303
(a)	Haemoglobin	*****	• • • •	2,171
(b)	Red cell counts	*****		2,120
(c) (d)	White cell counts Differential counts.	*****		1,210
	Cerebro-Spinal fluid co	****	• • • •	1,186
(0)	Cerepro-Spinar ridia co	MI UD s	***	0
		Tota	1:-	6,701
SEROLOGIC	AL AND BIOCHEMICAL TEST	*		
(-)	22 - 2 - 2 - 2 - 4 - 4 - 4			292
(a)	Blood sedimentation.	*****	• • •	131
(b)	Blood grouping	*****	***	12
	Blood urea Blood for Kahn. (Positiv	*****	• • •	33
(d) (e)	Blood for Kahn. (Negative			272
(f)	Cerebro-Spinal fluid for		ative)	2
(1)	Ceremo-Spriar rrang ro.	r Vennt (Nee	actio, -	6
		Tota	1:-	452
STOOL				
(0)	a Canabana Anadana In			352
(a)	Ankylostoma duodenale. Ascaris lumbricoides.		***	684
(b)	Ankylostoma and Ascaris		• • • •	162
(d)	Trichuris Trichiuria.		•••	625
(e)	Endamoeba histolytica.			14
(f)	Hood and pus cells.			99
(8)	Charcol-Leyden crystals			24
(h)	Bacteria and mucus.			77
(i)	Occult blood.			
(1)	Trichomonas hominis.			3 3 2
(k)	Strongyloides.	*****		
(1)	Endolimax nana.			2
(m)	Negative.			519
		Tota	1:	2,566
Commen				
SPUTUM				
(a)	Tubercle bacilli.	****		80
(b)	Paragonimus ova.			1
(0)	Negative.			181
			,	000
		Tota	L:	262

Continue Appendix VIII.

HITY - MISSESSA .

URINE				
(a) (b) (c) (d) (e) (f) (E) (h) (i)	Albumen. Sugar. Bile. Casts (all forms) Blood pus and organi Diazo reaction. Esbach estimation. Urine chlorides. Quinine Test Negative.	sm		447 20 21 123 538 3 1 89 10 808
		Total:-		2,060
(a) (b) (c) (d) (e) (f)	General Examination of General Sacilli of Morax. Koch weeks bacilli. Other bacteria Fungus. Leper bacilli Negative.	SMEARS		12 34 36 52 1 3
		Total	1:-	201
CEREBRO-S	PINAL FLUID SMEARS			
	Meningococci. Negative.	:::	•••	2
		Total:-		3

APPENDIX - IX

BRITISH MALAYAN PETROLEUM COMPANY RETURNS - 1949

	The following information is made available
through the	courtesy of the Chief Medical Officer, B.M.P.
Company, as	regarding Company Employees and Government
Sponsored P	atients.

Sponsored Patients.	Outpeary	Emilia Col. o	ob case go	V GILILINGI.
S.O.L. & B.M.P. CO. H	OSPITAL,	KUALA B	ELAIT	
Bed Capacity Total In-patients tre Total Out-patient Att Number of Accidents.	ated dur endances	ing 1949	. 2 56	100 ,528 ,984 126
Cause of Accidents as	follows	:-		
"E" CODE. CLASSIFICAT				NG,
AE.138. Motor Vehicl	e Accide	nts		5
AE.139. Other transp	ort acci	dents		-
AE.140. Accidental p	olsoning			24
AE.141. Accidental p AE.142. Accidental c AE.143. Accidental c AE.144. Accidental c	aused by	machine	rv	12
AE.143. Accidental c	aused by	fire		c. 9
AE.144. Accidental c	aused by	hot sub	stance et	c. 3
AE.145. Accidental c AE.146. Accidental c	aused by	firearm		
AE.146. Accidental c	aused or	drownin	8 & Suome	73
AE 148 Spinide & se	lif-infli	ated ini	127°V	12
AE.147. All other ca AE.148. Suicide & se AE.149. Homicide & i	njury pu	rposely	inflicted	
AE.150. Injury resul	ting fro	m operat	ions of w	ar
		Tota	1:-	126
INFECTIOUS DISEASES				
Amoebiasis				19
Onickenpox. Dengue. Food-poisoning.				6
Dengue				8
Influenza		::	::	4
				i
Malaria S.T				48
Malmria B.T				36
Malaria S.T. Malaria B.T. Malaria Q.P. Malaria mixed.				
Malaria mixed	••	••	••	
Mocenta Ton.	••	••	::	
Mumps. Rheumatic Fever	::	::	::	
coohice				1
Septicaemia				
Syphilis Tertiary.				
Tuberculosis Pulmonar			••	4
Tuberculosis of Bones	and Joi	nts		
OTHER DISEASES OF PUB	LIC HEAL	TH IMPOR	T	
Avitaminosis undefine				195
Fever of unknown orig		••	••	250
Ankylostomiasis.	••	••	••	369
Ascariasis. Other Helminthic Infe	etatione	••	••	394
Bacillary Dysentery.		• ••	::	12
Gonorrhoea.	::		::	29
Conjunctivitis.				135



10724/

1/27200

Annual Reports: Medical Department 1949. 1950. MS Records of the British Colonial Office CO 943/2/9. The National Archives (Kew, United Kingdom). State Papers Online Colonial, link.gale.com/apps/doc/HAKFHB543308589/SPOC?u=omni&sid=bookmark-SPOC&pg=1. Accessed 21 Dec. 2024.